

POSITION	INITIALS	ID NO.	DATE
FEES DETERMINATION	Chm: (2)		3-8-4-6
O.I.P.E. CLASSIFIER			1-1-7-1
FORMALITY REVIEW	A.T	1071	12-28-01
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 — (Through numeral) ... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	12-1-01
2	✓	✓	9-8-01
3	✓	✓	
4	0	0	
5	✓	✓	
6	✓	✓	
7	✓	✓	
8	✓	✓	
9	✓	✓	
10	✓		
11	✓		
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If more than 150 claims or 10 actions  
staple additional sheet here

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